

**Network Service Report :: 3G - QE June 2015**

Name of Service Area / City	Connection Establishment (Accessibility)			Connection Maintenance (Retainability)			POI		
	Node Bs Accumulated downtime (not available for service) (%age)	Worst affected NodeB's due to downtime (%age)	Call Set-up Success Rate (within licensee's own network)	RRC Congestion (%age)	CS RAB Congestion (%age)	CSV Call Drop Rate (%age)	Worst affected cells having more than 3% Circuit Switched Voice Drop Rate	CSV Quality	Point of Interconnection (POI) Congestion (No. of POIs not meeting the benchmark Note :2)
1	5	7	8	9	10	11	14	15	16
<b>Benchmark</b>	≤ 2%	≤ 2%	≥ 95%	≤ 1%	≤ 2%	≤ 2%	≤ 3%	≥ 95%	≤ 0.5%
<i>The achievement of benchmark against each parameter is to be averaged over a period of one month as per the measurement methodology explained in Explanatory Memorandum to regulations</i>									
Gujarat	0.08	0.28	98.94	0.12	0.26	0.51	0.96	99.69	0.00
Haryana	0.27	0.62	98.26	0.61	1.12	0.22	0.89	99.18	0.00
Kerala	0.05	0.00	98.83	0.20	0.47	0.33	0.83	99.80	0.00
Karnataka	0.14	0.71	98.26	0.98	1.60	0.46	1.91	99.07	0.00
Maharashtra	0.04	0.00	97.79	0.77	0.53	0.61	2.04	100.00	0.00
Madhya Pradesh	0.02	0.00	98.34	0.53	0.58	0.38	1.13	99.74	0.00
Punjab	0.17	0.61	99.08	0.45	0.44	0.29	0.93	99.14	0.00
Rajasthan	0.00	0.00	100.00	0.00	0.00	0.00	0.00	100.00	0.00
UPW	0.21	0.42	98.69	0.38	0.92	0.27	1.21	99.20	0.00
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RRC—Radio Resource Controller

RAB—Radio Access Bearer, POI - Point of Interconnection

**Note1:** The traffic parameters under column 12 and 14 to be recorded during Cell Bouncing Busy Hour (Cell BBH), and the traffic parameters under column 8,9,10,11, 15, 16, 18 and 19 to be recorded during Time Consistent Busy Hour (TCBH) of the network comprising of all the MSCs/GMSCs in the Licensed Service Area

**Note 2 :** Pls. indicate here only number of Pools having Congestion >0.5%. Format for detailed Monthly Pool Congestion Report for Cellular Mobile Telephone Service has been prescribed separately

(Format No. TRAI/QoS/CMTS/2 - POI) enclosed herewith

**Signature, Name and Designation of the Authorised Signatory :**

**E-mail Address :**

**Mobile / Telephone No. :**